STATEMENT OF

FORM 1	ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in	(Check if name Example: If typying, type over the lines	12FE4M5
Friends of Joh	n Sarbanes	
ADDRESS (number and s	PO Box 6854	
(Check if address is changed)		
	Towson	MD 21285 - 1
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail address)	
(Check if address	mstumpf36@yahoo.com	
is changed)		
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address is changed)	http://www.sarbanesforcongress.com	
2. DATE 0.7	09 2007	1
3. FEC IDENTIFICA	TION NUMBER C C00415182	
4. IS THIS STATEM	NENT X NEW (N) OR AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of my knowledge and belief it is true, correct an	d complete
Time or Drint Name of	Treasurer Meghan Stumpf	
Type or Print Name of	Treasurer	
Signature of Treasurer	Electronically Filed by Meghan Stumpf	Date 0 6 / 2 6 / 2 0 1 0
NOTE: Submission of fal	ise, erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED V	,
Office Use Only	For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	